

GUEST TRAVEL AUTHORIZATION WORKSHEET

Submit completed form digitally along with all original receipts to your travel processor

Name: _____ Date: _____

Address: _____

U.S. Citizen: Yes No
 City of Residence: _____

Phone: _____ Guest ID (if known): _____

Account to be charged: _____

Purpose of Travel: _____

Destination: _____

Initial Departure Date: _____ Return Date: _____

Total Amount Requested _____

Comments: _____

SIGNATURES

<p><small>I certify that the above is a true statement, that the expenses claimed were incurred by me on official University business on the dates shown, and that I have attached original receipts for each expense of \$75 or more, as required by University policy.</small></p> <p>_____ <small>AUTHORIZING SIGNATURE DATE</small></p>	<p>AUTHORIZING SIGNATURE DATE_</p> <p>_____ <small>Print name and title</small></p>
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